

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

C.A. NO. 05-10489-MEL

GLENN S. BATES,

Plaintiff

v.

TOWN OF HARWICH AND HARWICH
POLICE DEPARTMENT, CHRISTOPHER
KENDER, AND BARRY MITCHELL,

Defendants

DEFENDANTS CHRISTOPHER
KENDER AND BARRY
MITCHELL'S MOTION IN LIMINE
TO PRECLUDE TESTIMONY OF
GLENN BATES ON THE GROUNDS
OF MENTAL INCOMPETENCE

Now come the defendants Christopher Kender and Barry Mitchell and hereby move, *in limine*, to preclude testimony from plaintiff Glenn Bates at trial in this matter on grounds of mental incompetence. In the alternative, the defendants respectfully request that the plaintiff be required to submit to a *voir dire* examination by the Court and an independent medical examination to determine his competency to testify in this case.

As grounds for this Motion, the defendants state that Mr. Bates, per prior psychological and psychiatric evaluations in the criminal action underlying this case, is incompetent to testify due to mental illness which causes him to experience paranoid delusions rendering him incapable of distinguishing between reality and fantasy. As such, the defendants submit that Mr. Bates' testimony is inherently unreliable and that allowing him to testify in this matter will be substantially prejudicial to the defense.

As further grounds therefor, the defendants rely on the within Memorandum of Reasons.

MEMORANDUM OF REASONS

I. BACKGROUND

1. This action arises from an unprovoked ambush and attack by plaintiff Glenn Bates upon Harwich police sergeant Christopher Kender and lieutenant Barry Mitchell with a hockey stick, an attack which resulted in the shooting of plaintiff by Kender. The incident occurred while the officers were attempting to serve a Warrant of Apprehension applied for by the plaintiff's mother. Said Warrant, pursuant to G.L. c. 123, §12(e), ordered plaintiff's apprehension for purposes of psychiatric evaluation.

2. Following a trial in the Barnstable Superior Court, the plaintiff was convicted on two charges of assault and battery with a dangerous weapon as a result of his attack, while the officers were exonerated of wrongdoing following an investigation into their actions by the District Attorney.

3. Prior to his criminal trial, the plaintiff was examined by Marc A. Whaley, M.D. (a portion of the criminal trial transcript containing Dr. Whaley's testimony is attached hereto as "Exhibit A"). Dr. Whaley is a board certified physician, specializing in psychiatry, who was permitted to testify as an expert in the underling criminal trial (Exhibit A, p. 368, l. 12-15). The purpose of Dr. Whaley's pretrial examination of the plaintiff was to conduct an evaluation into the plaintiff's mental capacity to determine whether the plaintiff was able to control his conduct according to the requirements of the law during the incident in question (Exhibit A, p. 368, l. 16-21; p. 379, l. 2-11).

4. As a result of his evaluation of the plaintiff, Dr. Whaley opined that the plaintiff's "mental state was substantially impaired in order to be able to conform his conduct according to the requirements of the law. In other words, the mental state that I described, one of

misinterpreting perceptions into meanings of high threat and high danger was of such dominance of his mental state that he could not conform himself according to – to doing what the law might require or would require.” (Exhibit A, p. 379, l. 9-17).

5. More specifically, Dr. Whaley opined that the plaintiff suffers from schizophrenia, a disease that interferes with his ability to filter information (Exhibit A, p. 377, l. 2-5). Dr. Whaley also testified as follows:

there was evidence of paranoid thinking in his description of those events. And its often hard to delineate what is paranoid and what is reality in these situations. And Mr. Bates is an intelligent individual who verbally can conceptualize and communicate in a fairly effective way and account for a number of details. However, the problem – the mental illness aspect of it, of his account is really defined by how he elaborates the various details. And he elaborates them into a way that more or less weaves a consistent theme of being persecuted.

(Exhibit A, p. 374, l. 18 – p. 375, l. 5).

6. Dr. Whaley also testified that the plaintiff “perceives things in a way that’s different than – than others, in a way that is always interpreted or very frequently interpreted as threat and – and danger and then may react or act according to those perceptions, faulty as they might be.” (Exhibit A, p. 378, l. 6-11).

7. Prior to his criminal trial, the plaintiff was also examined by Frank DiCataldo, Ph.D. (a portion of the criminal trial transcript containing Dr. DiCataldo’s testimony is attached hereto as “Exhibit B”). Dr. DiCataldo is a forensic psychologist (Exhibit B, p. 389, l. 14-16). The purpose of Dr. DiCataldo’s pre-trial examination of the plaintiff was also to conduct an evaluation into the plaintiff’s mental capacity to determine whether the plaintiff was able to control his conduct according to the requirements of the law during the incident in question (Exhibit B, p. 391, l. 11-15; p. 408, l. 12-22).

8. As a result of his evaluation of the plaintiff, Dr. DiCataldo opined that the plaintiff's "mental illness substantially impaired his ability to both conform his conduct to the requirements of the law and caused a substantial impairment in his ability to appreciate the wrongfulness of his conduct." (Exhibit B, p. 408, l. 18-22).

9. More specifically, Dr. DiCataldo found that the plaintiff's "mind is working on tracks that are sort of very paranoid and very delusional." (Exhibit B, p. 401, l. 7-8; p. 397, l. 8-11 (his delusional thoughts are the product of a "very disturbed mind"); p. 406, l. 8-9 (he's psychotic and paranoid); p. 424, l. 15). Dr. DiCataldo also explained how the plaintiff's mental illness would impair his ability to accurately perceive what was happening on the night in question as follows:

So that basically from the time of about the end of September, beginning of October to the time of his arrest, end of November, he's getting revved up increasingly that he's in – he's being harmed. He believes that he is being killed.

He is not sleeping. This is the only thing he can think about. He is not taking care of himself, he is significantly sleep deprived, has not been sleeping at all for two months and is really just very preoccupied with the idea that he – that there is something in this house – there is something in this house that's killing him. It's harming him. He suspects his mother is involved; that somehow his mother is part of this.

So, when the police arrive on November 30, 2001, that – that's where Mr. Bates is. That's his frame of mind. And he's not sleeping, and he thinks – he thinks he's dying. He thinks he's being killed. So, its important to sort of understand what he – you know, how he saw the world that day when the police arrived. . . .

So, when they arrive, he has not slept for weeks or months; and he believes he is being killed. So, he is in a very delusional state of mind at that time.

(Exhibit B, p. 404, l. 5 – p. 405, l. 14).

10. According to Dr. Whaley, the plaintiff took psychiatric medication for a brief period in 1995 (Exhibit A, p. 373, l. 20-22), and the plaintiff was hospitalized for mental illness at Bridgewater State Hospital for 40 days in the 1980's (Exhibit A, p. 382, l. 4-11).

11. According to the plaintiff's deposition testimony (relevant portion attached hereto as "Exhibit C"), he took a drug known as "Risperdale" for two years between 2003 and 2005 (Exhibit C, p. 32, l. 19 – p. 33, l. 10). Risperdale is an antipsychotic medication used to treat schizophrenia.

12. According to the plaintiff's mother in the Application for Warrant of Apprehension (attached hereto as "Exhibit D"), which was filled-out on the day of the incident, at that time, Mr. Bates was "at home by himself acting violently, screaming, swearing, yelling, loud music, ranting and raving." Mrs. Bates further described her son as delusional, depressed, possibly schizophrenic, anxiety ridden and hating everyone "because he is so sick."

II. ARGUMENT

The defendants submit that Mr. Bates' mental condition, as described above, renders him incompetent to testify. In order to give competent testimony, a witness must "have sufficient understanding to apprehend the obligation of an oath and to be capable of giving a correct account of the matters which he has seen or heard in reference to the questions at issue." U.S. v. Devin, 918 F.2d 280, 292 (1st Cir.1990) (quoting District of Columbia v. Armes, 107 U.S. 519, 521-22, 2 S.Ct. 840 (1883)). Whether a witness is competent to testify is a question for the Court. See Fed.R.Ev. 104(a) ("preliminary questions concerning the qualification of a person to be a witness ... shall be determined by the court"); Devin, 918 F.2d at 292 ("[t]he determination of competency is primarily for the trial court"); Eisen v. Picard, 452 F.2d 860, 865 n.8 (1st Cir.1971). "[W]here a prima facie case of incompetence has been made, there should be some reliable evidence that the witness's statements are competent." Eisen, 452 F.2d at 865 n.8.

As noted, the psychiatrists examining the plaintiff found that he suffers from schizophrenia, which causes him to experience paranoid delusions rendering him incapable of

distinguishing between reality and fantasy. These examinations reveal that there is a substantial likelihood that the plaintiff is not capable of giving a correct account of the matters which he has seen or heard, because his mental condition would have caused him to misinterpret those events. Further compounding the problem is the fact that the plaintiff can verbally conceptualize and communicate in a fairly effective manner, accounting for a number of details that may exist only in his mind. Thus, if the plaintiff testifies, the jury may not be able to distinguish between the portions of his testimony, if any, that are true, and the portions that are based solely upon his misunderstanding of the events about which he is testifying.

In addition to the plaintiff's general mental condition and propensity for misinterpreting events, the plaintiff's mental state on the day in question was particularly impaired. According to Dr. DiCataldo, the plaintiff was in a highly delusional state of mind for more than a month prior to the incident believing that someone was trying to kill him. The plaintiff was not sleeping and believed that he was being poisoned. According to the plaintiff's mother, he was delusional and depressed and he was yelling at people who did not exist. Based on these facts, Dr. DiCataldo opined that the plaintiff would have been unable to accurately perceive what was happening when the defendants approached him of the date in question. If the plaintiff was unable to accurately perceive what was happening at that time, his testimonial account of that event is worthless. Therefore, because the plaintiff's mental illness renders him incapable of giving a correct account of the matters which he has seen or heard, he should be declared incompetent to testify and should be prohibited from doing so in the trial of this matter.

III. CONCLUSION

WHEREFORE, the defendants respectfully request that this Court rule *in limine* that the plaintiff shall be barred from testifying at the trial of this matter on the grounds of mental

incompetence. In the alternative, as the foregoing facts establish as least a *prima facie* case of mental incompetence, the defendants respectfully request that the Court hold a hearing on plaintiff's competence including a *voir dire* examination by the Court and an independent medical examination.

DEFENDANTS,
CHRISTOPHER KENDER AND
BARRY MITCHELL
By their attorneys,

/s/ Joseph L. Tehan, Jr.
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COMMONWEALTH OF MASSACHUSETTS

BARNSTABLE, SS.

SUPERIOR COURT
NO. BACR2002-0019

=====

COMMONWEALTH OF MASSACHUSETTS

VS.

GLEN S. BATES,
Defendant

=====

BEFORE: RICHARD F. CONNOR
SUPERIOR COURT JUSTICE

APPEARANCES: MICHAEL TRUDEAU, ESQUIRE
Assistant District Attorney
Cape and Islands Division
For the Commonwealth.

WILLIAM ROBINSON, ESQUIRE
Committee for Public Counsel Services
Cape & Islands Division
For the Defendant.

May 1, 2003
BARNSTABLE SUPERIOR COURT

1 And Mr. Robinson.

2 MR. ROBINSON: I would call Doctor Marc Whaley
3 to the stand, please.

4 MARC WHALEY,

5 having been first duly sworn, was examined and
6 testified as follows:

7 DIRECT EXAMINATION

8 BY MR. ROBINSON:

9 Q Could you -- keeping your voice up, could you state
10 your name?

11 A Sure. My name is, Marc, M-A-R-C, A. Whaley,
12 W-H-A-L-E-Y.

13 Q What is your occupation?

14 A I'm a physician specializing in the practice of
15 psychiatry.

16 Q And briefly, what education did you have to get to
17 that point?

18 A I did my undergraduate training at the Johns Hopkins
19 University from 1967 to -- no, '64 to '67. And then
20 went to medical school at Tufts University School of
21 Medicine for the next four years, graduating there in
22 1971 with a doctor of medicine --

23 MR. TRUDEAU: Your Honor, I would stipulate to
24 the doctor's qualifications.

1 THE COURT: I'll leave it up to Mr. Robinson.

2 BY MR. ROBINSON:

3 Q Based on that, I'll just ask you a couple of
4 questions. And during the past approximately 30
5 years, have you participated as a forensic
6 psychiatrist for courts, to assist courts and the
7 attorneys and other types of inquiries?

8 A Not quite that long. About 24 years, I've done
9 that.

10 Q Is there some kind of a -- do you have some kind of
11 a board or certificate? What would that be?

12 A That would be -- I'm certified by the American Board
13 of Psychiatry and Neurology in the practice of
14 psychiatry. It's board certified physician in
15 psychiatry.

16 Q And calling your attention to roughly the past year,
17 at some point, did my office contact you with regard
18 to conducting an evaluation into the mental capacity
19 of Glenn Bates with regard to an incident that
20 happened in November of 2001?

21 A Yes, you did.

22 Q And with regard to that evaluation, what steps did
23 you do prior to today?

24 A I reviewed a series of written documents and then

1 had two separate interviews with Mr. Bates.

2 Q And approximately how many months apart were those
3 interviews?

4 A About six or seven months apart.

5 Q What was -- the most recent was approximately when?

6 A In March of this year.

7 Q And did you also have access to other reports
8 relating to the incident in Harwich?

9 A Yes, I did.

10 Q And were these primarily police reports of their
11 version of what happened?

12 A That's correct.

13 Q And did you also have access to some prior
14 evaluations over the years that had been conducted on
15 Mr. Bates by various either psychological or social
16 work or psychiatric personnel?

17 A Yes, I did.

18 Q And did you also have the medical record from Cape
19 Cod Hospital relative to this particular incident?

20 A I did that as well.

21 Q And some prior visits for accidents of various
22 kinds?

23 A That's correct.

24 Q Now, having those references in mind and focusing

1 now on your interviews with Mr. Bates, did Mr.
2 Bates -- would you tell us how you conducted those
3 interviews? What were you looking for and asking Mr.
4 Bates? What subjects?

5 A Well, I was -- they would start out with my telling
6 him who I was and what the purpose of it was; and the
7 fact that what was said was not to be considered
8 confidential; it could come out at court at some
9 point.

10 And then it went on to talk about the incident
11 itself, what his recollection, memory of the incident
12 was, what led up to it, his understanding of the
13 motivations of others at the time.

14 And then we would talk about his past history of
15 similar experiences of being mistreated by his
16 perception by others and his -- some of his past
17 family history, some of his past history of
18 difficulties with authorities of police. That pretty
19 much covered it.

20 Q Now, from those interviews, which segments did you
21 consider particular significant, if any?

22 A Well, they were all pretty significant. One part of
23 it, one major piece of the significance was when I
24 would leave the interview relatively unstructured,

1 meaning when I would not intervene too much in terms
2 of directing the questions, Mr. Bates would
3 essentially ramble on and particularly return
4 constantly to a theme of being abused by others.

5 He would condense time periods from 20 years ago
6 or 30 years ago to the present and talk about it as if
7 those past events had definitive influence on the
8 present ones, as if there was no difference in time.

9 Q Could you give some examples of that?

10 A Sure. We talked about his treatment by his father
11 that he characterized as being rather physically
12 abusive starting at age 14 when his father dropped a
13 ladder on him, hurt his neck; and then that led to his
14 having neck and back problems which according to Mr.
15 Bates' version prevented him from working really
16 effectively over the years.

17 He talked about when he was 18, his father hit him
18 on the head with an oak chair. And then -- and that
19 injured him in the same place when he was -- as when
20 he was 14.

21 And then went on quickly to talk about his father
22 being an execution officer in Hawaii during World War
23 II where he was working in internment camps, and he
24 took prisoners back and forth to their trials and to

1 executions. And then quickly talked about himself
2 being persecuted by his father since he was 14 years
3 of age, but that he managed to survive by his skills
4 in camping. Skills in camping was a reference to his
5 living in tents, T-E-N-T-S that is, over the years
6 when he would be homeless at different times since he
7 was about 17.

8 So, it was a condensation of time periods and --
9 and illustrated to me that he was so overwhelmed and
10 has been so overwhelmed with the experience in the
11 world of being persecuted or treated poorly that
12 everything sort of blends together in that one
13 experience of interpersonal interactions.

14 Q Did he describe for you in any particulars his
15 living state during the days or weeks leading up to
16 the November 30th incident?

17 A He did.

18 Q And what did you take from that that you attached
19 some significance to?

20 A Well, again, there was evidence or there was that
21 same theme of his being persecuted. He felt or
22 perceived a gas leak in the house. He was on the
23 second floor apartment of his mother's house and
24 claimed that there had been a gas leak from the

1 furnace; and that his mother refused to call the gas
2 company. So, therefore, she was persecuting him by
3 not doing that.

4 And that he couldn't take a shower because there
5 wasn't enough hot water because of the gas leak. So,
6 again, he was being persecuted by having to remain
7 dirty essentially by his mother.

8 Q Did he discuss any -- what he was feeling in terms
9 of distress or physical ailments during the period
10 leading up to this?

11 A Yes, he claimed that he had trouble breathing; that
12 he said that he was having a stroke, which wouldn't
13 make medical sense at least in that particular term;
14 and that he was confused as well because of this
15 trouble breathing.

16 Q Did you inquire at anytime whether he was taking any
17 medications?

18 A I did.

19 Q What did you learn from that?

20 A He was not taking any medications. He -- the only
21 time that he took any psychiatric medication was for a
22 very brief period in 1995, and then again after his --
23 he received a gunshot wound. He did have some
24 appropriate medication, antipsychotic or psychiatric

1 medication following his gunshot wound, again for a
2 short period of time.

3 Q And do you know where that was given? Administered?

4 A That was administered at Cape Cod Hospital, I
5 believe.

6 Q And that was not something he chose, was it?

7 A No, it was not. He chose after he was on it for a
8 while not to take it. Which has been one of the
9 problems over the years, is constant denial of any
10 mental illness.

11 Q Now, you said that one of the things you went over
12 with him was his description of what had happened,
13 what he had seen on the morning of November 30th,
14 2001.

15 A That's correct.

16 Q Could you highlight what, if anything, that you
17 thought was significant from that account?

18 A Again, there was evidence of paranoid thinking in
19 his description of those events. And it's often hard
20 to delineate what is paranoid and what is reality in
21 these situations.

22 And Mr. Bates is an intelligent individual who
23 verbally can conceptualize and communicate in a fairly
24 effective way and account for a number of details.

1 However, the problem -- the mental illness aspect of
2 it, of his account is really defined by how he
3 elaborates the various details. And he elaborates
4 them into a way that more or less weaves a consistent
5 theme of being persecuted.

6 So that when he described the incident, itself, he
7 talked about the police sneaking up on him in a
8 stealth manner, not saying anything, not calling out
9 who they were or that they were there, sneaking into
10 his room, specifically to try to catch him with drugs,
11 illicit drugs, and/or take from him about \$39,000 that
12 he claimed he had in his possession since a social
13 security settlement in 1995.

14 He felt that the police knew about this large sum
15 of money; and that somehow they either wanted to take
16 it or accuse him of being a drug dealer with a large
17 amount of cash; and that that was their reason for
18 coming in.

19 He initially perceived them as being home
20 invaders; and that he was disabled and impaired at the
21 time because of the gas leak. So that he felt that he
22 had to defend himself against what he considered to be
23 a home invasion. So that it -- it -- this experience
24 blended in with practically all the other experiences

1 in his life of being persecuted and attacked by others
2 who would exert some kind of power or control over
3 him.

4 Q And if I told you that -- if, in fact, it turned out
5 there may have been a gas leak, a natural gas leak,
6 would that affect how you viewed his comments on that?

7 A No.

8 Q Could you explain a little why?

9 A Yeah. Well, the mental illness aspect is the
10 interpretation of a particular detail of reality and
11 the meaning that it -- the particular meaning that it
12 has. And we know it's mental illness because of how
13 these details are always weaved into a plot against
14 him.

15 And this is a sign of really a disease of the
16 brain. It's not something that he makes up or is a
17 character problem or a personality problem or
18 something like that.

19 We're all wired in a very complex way, and one of
20 the central things we're wired for through evolution
21 is to detect danger. Because obviously organisms that
22 didn't detect quickly what was dangerous and what
23 wasn't wouldn't survive. So, all animals really are
24 wired in various ways to quickly detect danger.

1 We also have systems to sort of filter out what is
2 dangerous and what isn't. And the disease of
3 schizophrenia, which is what I believe Mr. Bates
4 suffers from, is a disease where the filtering
5 mechanism is defective.

6 There is either damage to brain cells, or brain
7 cells aren't wired correctly. But all perceptions
8 that he takes in is filtered through a system that
9 cannot modulate the danger aspect of what is taken in
10 and cannot filter out what is important from what is
11 not important in terms of danger.

12 So that everything comes at him into his brain,
13 the front part of the brain where thought is
14 organized -- everything comes at him with a valence or
15 a tinge of high danger. And he can't filter out the
16 foreground from the background as normal thinking
17 individuals can.

18 So, schizophrenia is a disorder of thought, a
19 disorder of thinking. Because the mechanisms of
20 filtering out what is dangerous, what is not is
21 defective.

22 And what the individual then does more or less as
23 a compensation, the only way he can sort of calm down
24 his inner wiring really is to weave it all in terms of

1 a coherent plot or a coherent story that he can then
2 sort of figure out and feel as if he's in control of
3 it. And by that cognitive thinking, he can then
4 suppress, although ineffectively, the danger signals
5 that are coming up.

6 So, that's why the -- he perceives things in a way
7 that's different than -- than others, in a way that is
8 always interpreted or very frequently interpreted as
9 threat and -- and danger and then may react or act
10 according to those perceptions, faulty as they might
11 be.

12 However, they start out -- the perceptions start
13 out with what is real. So that the gas leak is a real
14 thing, or the smell of gas is real. Gas is dangerous.
15 But then that becomes part of an elaborate plot by
16 others to do him harm. And, therefore, he behaves
17 only according to that narrow interpretation.

18 Q In your evaluation, in your talking with him and
19 examining his background records, would the presence
20 of police as such, police as police have any special
21 significance from what you could see?

22 A Yes, they would.

23 Q And what would that be in your opinion?

24 A They would be agents of control, agents of

1 essentially danger to him, threat to him.

2 Q Now, in light of your evaluation of Mr. Bates, do
3 you have an opinion as to whether whatever his conduct
4 was on November 30th, 2001 -- on that morning, was he
5 in a position to conform his conduct to the
6 requirements of the law?

7 A I do have an opinion about that.

8 Q What is that opinion?

9 A That he was -- his mental state was substantially
10 impaired in order to be able to control his conduct
11 according to the requirements of the law. In other
12 words, the mental state that I described, one of
13 misinterpreting perceptions into meanings of high
14 threat and high danger was of such dominance of his
15 mental state that he could not conform himself
16 according to -- to doing what the law might require or
17 would require.

18 MR. ROBINSON: Thank you, Doctor.

19 CROSS-EXAMINATION

20 BY MR. TRUDEAU:

21 Q Good morning, Doctor.

22 A Good morning.

23 Q Would you agree with me that there are different
24 degrees of mental illness?

1 A Yes, I certainly would.

2 Q And would you also agree with me that someone can
3 clearly have some sort of mental illness, but still
4 conform themselves to the requirements of the law? Is
5 that correct?

6 A Absolutely.

7 Q And in particular, you had occasion to meet with Mr.
8 Bates twice; is that right?

9 A That's correct.

10 Q And two different times over a six months interval?

11 A I think it might have been longer. Eight or nine
12 months actually.

13 Q Where were those interviews done?

14 A They were in the Barnstable House of Correction.

15 Q And in advance of that, you had the opportunity to
16 review various documents?

17 A That's correct.

18 Q And included in that document was the Defendant's
19 criminal record, if you will?

20 A Yes, that was part of it.

21 Q What significance, if any, did you draw from that?

22 A That there were -- without going into all the
23 details of it, that there seemed to be similar
24 incidents over the years where he would have trouble

1 with authorities or others and would act accordingly.

2 Q And would you characterize that trouble as
3 assaultive behavior?

4 A There were mentions of assaults. That's right.

5 Q And in addition to that, as part of your review of
6 the records, did you find that there was assaultive
7 behavior towards what you consider authority figures
8 or police?

9 A That's correct.

10 Q And do those go back a number of years? Is that
11 correct?

12 A That's correct.

13 Q And in addition to your review of the records, you
14 also reviewed any prior type of mental health
15 evaluations of the Defendant?

16 A I did.

17 Q And would you agree with me that on at least a
18 couple of occasions, he was determined not to have
19 significant mental health issues?

20 A Not to have the mental health issues that he does
21 have. That's correct. I believe that the boat was
22 missed a couple of times. That's right.

23 Q And that's your opinion; is that correct?

24 A That is my opinion, yes.

1 Q But nevertheless, you are aware that he has been
2 evaluated before; is that correct?

3 A In 1995. That's correct.

4 Q And, in fact, he's never been in a psychiatric type
5 of hospital setting for anymore than a few days; is
6 that correct?

7 A Bridgewater for 40 days. But that's essentially
8 correct, yes.

9 Q And when was it that he was in Bridgewater for 40
10 days?

11 A In the '80's, I believe.

12 Q And you would agree that he's 40 years old at this
13 point; is that correct?

14 A That's correct.

15 Q You indicated in -- well, strike that. You did a
16 report on this; is that correct?

17 A That's correct.

18 Q That you provided to counsel?

19 A Yes, I did.

20 Q And just for purposes of the record, I'm going to
21 show you these three pages and ask you if that's what
22 that is?

23 A Yes, this is a copy of my report of April 9th, 2003.

24 Q Okay. And you indicated in that report about the

1 gas leak?

2 A I mentioned it, yes.

3 Q Okay. And if you could indicate where was that in
4 the report?

5 A No, I take that back. I did not mention the gas
6 leak there.

7 Q Okay. And in that report --

8 (Witness dropped papers.)

9 Q Sorry. In that report, did you also in your review
10 indicate that you found that he was being preoccupied
11 with angry acts and fantasies?

12 A Where are you referring to?

13 Q In this portion of your report here.

14 A Yes, that was that others at different places in the
15 records had described him as that, as exhibiting that.

16 Q Would that be consistent with an uncontrollable
17 temper?

18 A Oh, sure, it could be.

19 Q And that doesn't necessarily mean mental illness,
20 does it?

21 A Not by itself, no.

22 Q In addition to that, did you have occasion to speak
23 with the Defendant's mother?

24 A I did not.

1 Q And did you have occasion to review the basis for
2 the incident involved? In other words, what led to
3 the police officers going to 261 Main Street?

4 A Nothing more than what details were contained in the
5 official documents, the police reports and the filing
6 of the 209A. I think it was a 209A restraining order.

7 Q And in addition to that, was there an affidavit for
8 a warrant of apprehension?

9 A Yes, there was.

10 Q And what significance, if any, did you find in that?

11 A That it exhibited or it described evidence of
12 disturbed behavior that was consistent with active
13 mental illness.

14 Q What was the disturbed behavior that -- if you can
15 recall? What was the basis for that?

16 A Well, apparently the other tenant in the building --

17 MR. ROBINSON: Your Honor --

18 THE COURT: Sustained. That's not going to be
19 in evidence.

20 MR. ROBINSON: I understand, but I just want a
21 limiting. That this is still limited.

22 THE COURT: All right. Ladies and gentlemen,
23 this is being offered again not for the truth of the
24 matter, but as a basis for any opinion that this

1 doctor has rendered with respect to the mental illness
2 of Mr. Bates that could have been the basis of his
3 opinion. Go ahead.

4 Q Go ahead, sir?

5 A The other tenant in the building was quite concerned
6 and frightened about his behavior in that he would be
7 up at all hours of the night yelling at people that
8 weren't there, throwing things in his apartment and
9 behaving in a rather threatening manner.

10 And that this had been a recurring problem. So
11 that she called, contacted Mr. Bates' mother, who then
12 initiated the proceedings for the warrant of
13 apprehension.

14 Q Okay. And in that, was there also threats contained
15 in there outside of the neighbor? Other than the
16 neighbor?

17 A I would have to go over the details of that to
18 answer that.

19 Q I show you this and ask you if you would take a look
20 at that and if you recognize having seen that?

21 A Yes, I have seen it.

22 Q Okay. And does that refresh your memory with
23 respect to what the basis for that was?

24 A Yes.

1 Q And if you could, anything other than what you have
2 said that you took into account as part of your
3 review?

4 A Yes, that he had been threatening to hurt the police
5 if his mother ever called them about him.

6 Q And that was something that you read and took into
7 account in your evaluation; is that right?

8 A That's correct.

9 Q Now, you indicated that there was a coherent thought
10 process going on in your interview with the Defendant
11 in explaining the circumstances surrounding this
12 event; is that correct?

13 A Relatively coherent. That's correct.

14 Q And surrounding the area of defense and self-defense
15 and things of that nature; is that correct?

16 A That's correct.

17 Q And you considered that something that was an effect
18 of mental illness; is that correct?

19 A The -- considered what specifically?

20 Q The coherent thought process in explaining the
21 occurrence of the events?

22 A No, that wouldn't be necessarily a manifestation of
23 his mental illness, no.

24 Q Wouldn't you agree with me that that would be

1 consistent with establishing an excuse or a defense
2 against criminal charges?

3 A It could be.

4 Q And in your interview, you indicated, did you not,
5 that it was more difficult for me to opine that Mr.
6 Bates was unable to appreciate the wrongfulness of his
7 conduct; and that he did make statements such as, I
8 threw the hockey stick down because I knew I didn't
9 have any chance to defend myself against a uniformed
10 police officer and guns; is that correct?

11 A Yes.

12 Q And then in your report, did you go on to say, This
13 would indicate some ability to appreciate what types
14 of behavior were required of him based on the notions
15 of right and wrong?

16 A Yes, a cognitive appreciation of that. Yes.

17 MR. TRUDEAU: I have nothing further.

18 THE COURT: Mr. Robinson?

19 MR. ROBINSON: Just to clarify one thing.

20 REDIRECT EXAMINATION

21 BY MR. ROBINSON:

22 Q In that warrant of apprehension, the third party
23 account, the mother relating what the neighbor woman
24 had said, that woman when you used the words he had

1 been threatening -- it was that she felt threatened by
2 the noises and the sounds she heard through the wall
3 in his own room, correct?

4 A That's correct. I don't believe there were any
5 direct threats to her.

6 Q It wasn't based on any confrontation with him and
7 the woman?

8 A There was none to my knowledge, no.

9 Q And in terms of whether this was an attempt to
10 create a defense for the charges against him, did Mr.
11 Bates indicate to you ever anything that suggested
12 that he thought he was mentally ill?

13 A No, he would deny it consistently.

14 Q And in his statement to you of what happened to him,
15 what he had seen, he never indicated, did he, that --
16 that he, in fact, had hit them, but he was crazy?

17 A Oh, no, not -- not in any way whatsoever, no.
18 It's -- he interpreted their behavior as threatening;
19 and that his behavior would be justified in the
20 response. That's the mental illness aspect.

21 MR. ROBINSON: Thank you.

22 THE COURT: All right. Next witness. Thank
23 you, Doctor.

24 THE WITNESS: Thank you.

B

1 MR. ROBINSON: Doctor DiCataldo. I assume he's
2 outside.

3 FRANK DICATALDO,

4 having been first duly sworn, was examined and
5 testified as follows:

6 DIRECT EXAMINATION

7 BY MR. ROBINSON:

8 Q Good morning, Doctor DiCataldo.

9 A Good morning.

10 Q Keeping your voice up, could you state your name for
11 the jury and the Court, please?

12 A My name is Frank DiCataldo.

13 Q How are you employed?

14 A I'm a psychologist, a forensic psychologist and
15 employed doing evaluations of mostly criminal
16 Defendants.

17 Q What is your educational background?

18 A I have a Phd. in psychology from St. Louis
19 University which I received in 1989. And I'm also a
20 post-doctoral fellow in forensic psychology which I
21 received at the University of Massachusetts Medical
22 School in 1990. I've been licensed in Massachusetts
23 as a psychologist since 1990.

24 Q And what jobs in the field have you had that would

1 be relevant to a forensic examination?

2 MR. TRUDEAU: Your Honor, again in the interest
3 of time, I would stipulate to his qualifications.

4 THE COURT: All right. But it's up to you how
5 far you want to go.

6 MR. ROBINSON: Again, just a few questions.

7 A Certainly. Well, after my fellowship, I took a job
8 as a full time forensic psychologist at Bridgewater
9 State Hospital. I worked there for about seven years.
10 And during that time, I did well over 1,000
11 evaluations of issues such as competency to stand
12 trial, criminal responsibility, risk of harm, civil
13 commitment.

14 Since 19 -- since that time, since I left that job
15 at Bridgewater, I have worked with various other state
16 agencies here in Massachusetts including the
17 Department of Mental Health and the Department of
18 Youth Services, you know, continuing to do evaluations
19 about risk and danger to others.

20 Q And have you ever written or published anything?

21 A Yes.

22 Q In this particular area?

23 A Yes, I have three areas of research interest which I
24 have done research and publication. One is the

1 relationship between psychiatric symptoms and
2 dangerousness. I have a few publications in that
3 area.

4 I've also been interested in the rates of mental
5 disorder, the rates of mental illness among juvenile
6 delinquents and among adult inmates. So, that's
7 another area of interest that I have.

8 I'm also interested generally in the history of
9 juvenile delinquency, and I have some publications in
10 that area.

11 Q Now, Doctor DiCataldo, sometime during the past
12 year, did my office contact you to conduct an
13 evaluation of Mr. Glenn Bates in connection with an
14 incident that happened in Harwich in 2001?

15 A Yes, you did.

16 Q As a result of that contact, what steps did you do?

17 A Well, the first thing I did was ask you to send to
18 me materials including police reports, psychiatric
19 records, other court and social service records
20 related to Mr. Bates. And the first step I took was
21 to just review those and read those.

22 Q What did you do after that?

23 A After that, I -- I contacted your office again
24 and -- to set up a series of interviews with Mr.

1 Bates, who at the time was awaiting trial at the
2 Barnstable County House of Correction.

3 Q And did you do that?

4 A Yes, I did.

5 Q And approximately when did you conduct those
6 interviews?

7 A I did two interviews with Mr. Bates. One was in
8 December of 2002. And the second one was in February,
9 this past February of 2003.

10 On one occasion, the first occasion, I saw him for
11 about four hours. And on the second occasion, I saw
12 him about for three hours. So, it was two interviews
13 for a total of about seven hours.

14 Q And in addition to speaking directly with him, did
15 you do any testing or anything?

16 A Yes, in addition to the just clinical interviewing,
17 going over with him his history, reviewing with him
18 his current mental state, mental status, and most
19 importantly reviewing with him his own interpretation
20 of his mental state at the time of the offense, I also
21 administered one psychological test.

22 It was the Minnesota Multiphasic Personality
23 Inventory, Version II, which is a standard
24 psychological test in the field. I administered that

1 to him on the first occasion when I saw him.

2 Q And did you -- in addition to talking to Mr. Bates
3 and in reviewing records, did you have any contact
4 with any other individuals?

5 A Yes, I --

6 Q What steps did you take in that regard?

7 A I had a series of phone interviews with Priscilla
8 Hughes. That's Mr. Bates' mother. I spoke with her.
9 She had traveled back from Florida here to the Cape,
10 and I spoke with her on the phone a few times. I
11 think maybe two -- two times, maybe three times. I
12 don't remember exactly.

13 I made an attempt to contact or to interview over
14 the phone the two arresting police officers that were
15 involved in the arrest of Mr. Bates, but I did not get
16 calls back. So, I -- I was not able to interview
17 them.

18 Q Now, particularly with regard to your interviews of
19 Mr. Bates directly, were there -- could you tell us
20 basically how you approached those in terms of what
21 you were looking for, and what you were asking him?
22 How you structured those interviews?

23 A Sure. Well, you know, the first thing was to
24 explain to Mr. Bates what the purpose of the interview

1 was. That I was there at the direction of his
2 attorney to conduct an interview with him to
3 essentially determine what his mental state was at the
4 time of his -- of his arrest in November of 2001.

5 The interview begins really by just going over his
6 history. I wanted to, you know, first get to
7 understand, you know, his history from his point of
8 view from very early childhood all the way up through
9 adulthood.

10 The interview with Mr. Bates, I need tell you, was
11 not easy to do. He's -- he's very easily excitable.
12 There were times during both interviews when I had to,
13 you know, direct him to sit down because he gets very
14 animated, very excited. You know, he would begin
15 pacing the room.

16 In fact, at one point, a correctional officer had
17 to come into the room to check to make sure we both
18 were okay. And we were fine. It was just that he
19 just gets very, very animated and very, very excited.
20 So, I think one of the reasons why the first interview
21 took so long was, you know, Mr. Bates has a very
22 difficult sort of controlling himself and controlling
23 his emotions, which I think is very relevant to, you
24 know, what he was like in November of 2001.

1 So -- so, that first day, that first interview, we
2 spent a lot of time talking about him and his
3 childhood and his background. And a lot of it was
4 spent talking about his perception of misjustices.
5 You know, unjustices that have been done to him,
6 perpetrated against him by his family, mostly his
7 father and mother, and by other people.

8 This is something that Mr. Bates carries with him,
9 this idea that various people in the world are out to
10 do him in. It's pretty much the only thing he can
11 talk about. So, that first meeting was really talking
12 about those issues.

13 Q And in that first meeting, did he give you some
14 specific examples relative, for example, to his
15 family? His mother and father?

16 A Yes. Yes, Mr. Bates is under the idea -- I believe
17 it's a delusional idea -- that his -- primarily his
18 father, but also his mother subjected him as a child
19 to various forms of mistreatment, almost torture.
20 Keeping him set off in a basement as a child where he
21 was exposed to various kinds of dangerous gases that
22 he believes caused cognitive problems, caused various
23 physical problems. His father was a house painter.
24 And Mr. Bates as an early adolescent worked in his

1 father's business. His father stored a lot of the
2 paints and a lot of the other equipment associated
3 with the paint business like paint thinners and
4 turpentine, things of that nature -- Mr. Bates is
5 under the impression that as a child as young as five,
6 six or seven, he was exposed to all of the vapors, the
7 dangerous gases that would be emitted from these; and
8 that they caused him various mental and physical harm
9 because of all of the years that he was sort of stuck
10 in the basement.

11 He also believes that he was directed by his
12 parents never to open the windows. He's very fixed on
13 this idea even though it's something that happened,
14 you know, 30, 40 years ago.

15 When you're talking about him, you would almost
16 think it was something that happened just yesterday.
17 He's very sort of preoccupied with this idea that his
18 parents were involved in this; that his parents were
19 involved in a conspiracy together to do him in, to
20 harm him.

21 He also believes his parents -- his mother tells
22 me that Mr. Bates was born with a club foot that was
23 corrected surgically. It was corrected
24 orthopedically. Mr. Bates knows this, but believes

1 that his parents subjected him to various kinds of
2 surgeries in order to hide his deformity because they
3 wanted to keep him as a servant; that they wanted to
4 keep him employed and working for them; so that they
5 could exploit him for the money that he would make for
6 various jobs.

7 And that they hid all of the childhood photographs
8 of him as a deformed child. The idea is completely --
9 completely irrational. It sort of makes no sense.
10 It's a delusion. It's the product of a very
11 disturbed -- a very disturbed mind.

12 And again, he also believes that his parents had
13 him work as a child in order so they could garner all
14 of the profits and benefits of that. That basically
15 they enslaved him in some sense.

16 Q Did he discuss any physical injuries from his
17 childhood that he felt still affected him?

18 A Yeah, in addition to sort of the -- you know, the
19 various brain abnormalities he believes were incurred
20 from being exposed to these gases in the basement, he
21 believes that at the age of ten or so, he had a back
22 injury that was caused by a ladder that was -- he and
23 his father were working with that was dropped; and
24 that -- you know, to this day, he wonders about

1 whether his father did that on purpose or not. To
2 this day complaints that, you know, he still has these
3 sort of back injuries and injuries to his legs.

4 Q Relative to his mother and closer in time to the
5 events of November of 2001, did he have some specific
6 concerns about what his mother was doing?

7 A Yeah, Mr. Bates through most of his -- let's say
8 late adolescence to early adulthood lived kind of a
9 nomadic lifestyle. He is travelling to California and
10 to Florida. This is not uncommon for sort of lost,
11 you know, young mentally ill persons to sort of --
12 sort of wander aimlessly searching for identity,
13 searching for a place in the world.

14 Eventually he begins to come back as his options
15 in other places begin to dwindle. He sort of wanders
16 back to Massachusetts, and reluctantly his mother
17 agrees to have him stay in a second floor apartment in
18 a house that she owned in Harwich Port.

19 And he had lived there, I believe, from about the
20 beginning of September, end of August, beginning of
21 September of 2001 until the time that he was arrested.
22 So, he was there for about three months.

23 And Mr. Bates is completely convinced that during
24 that three month period of time or two or three month

1 period of time that he was being exposed again to this
2 theme, delusional theme of dangerous volatile gases
3 that were poisoning him.

4 He believes that he was being -- he was being
5 slowly killed in this house from gases that were
6 emanating from a defective furnace in her basement.
7 That his concern about it was so grave, so serious
8 that he wasn't sleeping at night. He was -- he was in
9 a virtual panic about it, feeling that his body was
10 being harmed or poisoned; that he wasn't able to
11 breathe; that his brain was unable to function.

12 It caused him significant, significant distress.
13 He was very distressed about this, very upset about it
14 and would follow various newspaper stories about it,
15 about cases of other people being poisoned by gas. It
16 was -- it was a -- it was a preoccupation with him.

17 He would try to talk with his mother about this.
18 Of course, she thought it was completely ludicrous,
19 completely irrational. And the fact that she seemed
20 so indifferent to it, that she seemed not to take him
21 seriously -- to Mr. Bates, that was evidence that she
22 may have been part of this plan.

23 Because she wasn't taking it seriously, because
24 she wasn't listening to him, he began to think that

1 maybe she's poisoning me. Maybe she's the one that
2 wants to harm me. So, he began to think that his
3 mother -- this is a paranoid idea. There is no basis
4 in reality to think that Mrs. Hughes would want to
5 harm her son. But because of his psychotic frame of
6 mind, the psychotic way that he was thinking, he began
7 to think that his mother might have been trying to
8 kill him.

9 Q Was there something specific with regard to dry
10 mouth and water relative to the mother?

11 A Yeah, there was various -- sort of various ideas
12 that seemed to an outsider observing -- to me, they
13 seemed to be incidental, not important. For Mr.
14 Bates, they took on great significance.

15 He would complain that he had a chronic dry mouth
16 to his mother. So, she would -- it seemed reasonable
17 enough. She would say, Well, get something to drink.
18 Drink some water if your mouth is dry. It makes
19 perfect sense.

20 But to Mr. Bates' frame of mind, he thought his
21 mother was trying to kill him by having him ingest
22 large quantities, copious quantities of water which
23 would cause various -- you know, if you drink large
24 amounts of water, you could actually cause your -- a

1 fatality by the loss of sodium and other kinds of
2 minerals in the body. He believed that her suggestion
3 to drink water was an attempt on her part to harm him
4 physically by having him drink large amounts of water.

5 He actually would cut out things in the newspaper
6 related to that as evidence of that. So, you could
7 sort of see how his mind is working on tracks that are
8 sort of very paranoid and very delusional.

9 Q Now, I think you had mentioned that most of this was
10 within the first four-hour interview? Or are you now
11 going into the -- you also saw him again?

12 A Right. Most of the stuff that I'm taking about here
13 happened during that first interview. Although, you
14 know, in the second interview, we revisited some of
15 these issues.

16 Q During the seven hours you were with him, in
17 addition to pacing, did he have any reaction to you as
18 a psychologist examining him basically to see whether
19 or not you thought he was mentally ill?

20 A You know, I repeatedly tried to remind Mr. Bates of
21 what my purpose was. You know, I was psychologist. I
22 was a mental health professional. I was asked by his
23 lawyer -- that I was really here to evaluate his
24 mental health; you know, to review and make some

1 opinion about -- you know, diagnostic opinion about
2 his mental health and also to arrive at an opinion
3 about what his mental health was like on November of
4 2001 when he was arrested.

5 It really seemed to me that from his point of
6 view, my -- that wasn't my role at all. From his
7 point of view, my role was that I was going to be some
8 type of spokesperson for him; somebody that would --
9 that he could sort of tell -- that I would be telling
10 the jury his story; that I would be like a journalist
11 doing an interview and then reporting about it in a
12 newspaper.

13 He didn't really -- he didn't get the sense that I
14 was really not here to do that. I was really here to,
15 you know, provide a clinical judgment. I was
16 providing a clinical judgment about him. I wasn't
17 here to announce, you know, his point of view or his
18 story.

19 And there were times when I had to sort of remind
20 him that that was my role. He -- he would do odd
21 things -- I thought were odd in the interview like,
22 you know, taking notes on a yellow pad and would say
23 to me like, Make sure you write this down. Or, you
24 know, write it down just like this, as if I was a

1 reporter taking quotes down rather than a psychologist
2 just taking my own sort of notes about his mental
3 state. So, it -- I wasn't clear that he actually
4 understood what my role was.

5 Q You verbalized to him what your role was, and he --

6 A Many times. And yes.

7 Q He relayed it back to you?

8 A He was able to sort of relay it back. But over
9 time, though, sometimes I think he would drift away
10 from that.

11 Q Now, part of this -- of your taking notes was also
12 including taking down what he had observed that
13 morning of 2001 when he ended up getting shot; is that
14 correct?

15 A Yes. Yes.

16 Q And what about that account, if anything, did you
17 find significant relative to the issues that you're
18 here for?

19 A Uh huh. Well, first, you know, it's my opinion --
20 in order to understand what his frame of mind was,
21 what his mental state was in November of 2001, you
22 really have to go back in time a little bit to when he
23 first moved into the house in September. That's when
24 it began.

1 When the heat came on, on October 1st, he claims
2 and then he began to be preoccupied with this idea
3 that there were gases emanating from the basement that
4 were poisoning him and that were killing him.

5 So that basically from the time of about the end
6 of September, beginning of October to the time of his
7 arrest, end of November, he's getting revved up
8 increasingly that he's in -- he's being harmed. He
9 believes that he is being killed.

10 He is not sleeping. This is the only thing that
11 he can think about. He is not taking care of himself.
12 So that by the end of November, he is significantly
13 sleep deprived, has not been sleeping at all for two
14 months and is really just very preoccupied with the
15 idea that he -- that there is something in this
16 house -- there is something in this house that's
17 killing him. It's harming him. He suspects his
18 mother is involved; that somehow his mother is part of
19 this.

20 So, when the police arrive on November 30th, 2001,
21 that -- that's where Mr. Bates is. That's his frame
22 of mind. And he is not sleeping, and he thinks -- he
23 thinks he's dying. He thinks he is being killed. So,
24 it's important to sort of understand what he -- you

1 know, how he saw the world that day when the police
2 arrived. Now, when the police do arrive -- and, of
3 course, they arrive because there's a -- what's known
4 as a Section 12 warrant of apprehension that his
5 mother applied to the Court for.

6 Section 12s are for mentally ill persons to be
7 apprehended and brought to court to be evaluated to
8 see if they need to be in a hospital. So, the police
9 are there essentially to take Mr. Bates, who they
10 believe is mentally ill, to be evaluated to see if he
11 needs to be in a hospital. That's why they're there.
12 So, when they arrive, he has not slept for weeks or
13 months; and he believes he is being killed. So, he is
14 in a very delusional frame of mind at the time.

15 Now, according to Mr. Bates, when they do arrive
16 that morning, he is asleep. He had fallen sleep maybe
17 like 4:00, sometime in the middle of the night. He
18 slept with -- listening to classical music on
19 headphones, he reports.

20 And he claims that he never actually hears the
21 police, but actually hears the footsteps, feels the
22 footsteps coming up to greet him. He -- now he
23 reports -- and, of course, this is in contradiction to
24 the police officers. I'm aware of that.

1 He reports that they do not announce themselves,
2 do not identify themselves as police officers. From
3 the reports, one of the officers is in, I think,
4 civilian clothes. One of them isn't in uniform.

5 And that they come into the room with a -- with a
6 gun, a drawn gun which is in contradiction with what
7 the police say. Prior -- prior to this, Mr. Bates had
8 taken some steps to booby-trap the house. Again,
9 remember, he's psychotic. He is paranoid.

10 He claims that he had -- what he refers to as the
11 Home Alone booby-trap from the film. There's a
12 carpet, a runner going up the stairs which have those
13 metal -- sometimes they're brass braces that screw in
14 to sort of hold the carpet in place.

15 He had disconnected two or three towards the top
16 of the staircase. His -- it's a -- it's a ludicrous
17 idea. His idea was that if anybody came up the steps,
18 if they hit that top third -- second or third step to
19 the top there, that the carpet would come undone; and
20 they would come tumbling down, alerting him that
21 somebody was in the house.

22 I don't know if it would work or not, but I think
23 what's more important to understand about that is that
24 how paranoid he was. The idea that he needed to have

1 some field of protection around him. Just in case
2 people came in, he would be alerted to it. So, he
3 claims he had had that Home Alone booby-trap thing set
4 up.

5 He also claims he had had a hockey stick which was
6 used in the assault against the police officers -- he
7 had had that wedged in the bedroom door so that if
8 somebody tried to open the door, the hockey stick
9 would fall; and that again would alert him.

10 Again, this suggests to me -- that somebody is
11 setting up the staircase that way, somebody is setting
12 up a contraption on the door is very, very concerned
13 about somebody coming in to get them. And he was
14 concerned about somebody coming in to harm him. He's
15 very paranoid.

16 So, he claims that the police came in with their
17 guns drawn. The hockey stick had fallen down; and
18 that he grabbed the hockey stick to protect himself;
19 that he just went to hit the gun, not to hit the
20 police officers.

21 Again, this is what he says -- and in process of
22 that was shot by one of the officers and then came
23 falling down the steps.

24 Q In light of the evaluation you have done including

1 the interviews and everything else, do you feel you
2 are in a position to render an opinion with regard to
3 the criminal responsibility or lack of criminal
4 responsibility of Mr. Bates on November 30th --

5 A Yes.

6 Q -- 2001?

7 A Yes.

8 Q And if you do have an opinion?

9 A Yes.

10 Q And what is that opinion relative to the legal
11 definition?

12 A Yeah, it's my opinion -- and I hold this opinion
13 with -- with significant confidence. I mean, some
14 cases are difficult. This is not a difficult case in
15 my -- in my opinion. That on November 30th, 2001, at
16 the time of the offense, Mr. Bates suffered from a
17 mental illness. He was mentally ill.

18 And that mental illness substantially impaired his
19 ability to both conform his conduct to the
20 requirements of the law and caused a substantial
21 impairment in his ability to appreciate the
22 wrongfulness of his conduct. And as I said, I hold
23 that opinion with great confidence.

24 Q And just to clarify one aspect, if it turned out, in

1 fact, that there was both carbon monoxide and natural
2 gas fumes emanating in some degree --

3 A Uh huh.

4 Q -- to his apartment during that time period, would
5 that affect the way you interpreted what he said?

6 A No, the fact that there's like a -- if you will,
7 like a cornel of truth, sort of a cornel of truth
8 behind his delusion in no way lessens the significance
9 of the delusion.

10 Whether or not there was actually a defective
11 furnace in the house or not is sort of irrelevant.
12 Whether or not there was natural gas emanating from
13 somewhere in the -- within the property in my opinion
14 is irrelevant.

15 What's more important to sort of stay focussed on
16 here is his interpretation, his attributions that his
17 mother was involved in a conspiracy to do this. That
18 these things were killing him; that he was in a state
19 of panic about them. Those are the things to focus on
20 and understand, his reactions, interpretations rather
21 than whether or not there was actual gas in the house.

22 Just as -- just as whether -- just as in a similar
23 vein about his childhood, same thing. You know, he
24 may have been in the basement. Whether or not he was

1 in the basement or not is irrelevant. It's his
2 attribution that his parents were trying to harm him
3 by putting him in the basement, that's more
4 significant to pay attention to.

5 MR. ROBINSON: Thank you, Doctor.

6 CROSS-EXAMINATION

7 BY MR. TRUDEAU:

8 Q Good morning, Doctor.

9 A Good morning.

10 Q Now, you just testified to these Home Alone
11 precaution systems that you had talked about --

12 A Yes.

13 Q You say that that's -- that him doing that is an
14 indication of his mental illness?

15 A It seems to be a sign of paranoia.

16 Q And would you agree that that's similar to a burglar
17 alarm?

18 A In a way, it's similar to a burglar alarm, yes.

19 Q So then your opinion would be anyone that has a
20 burglar alarm system in their house is paranoid as
21 well?

22 A No, no, no. Anybody who has a burglar alarm in
23 their home is being careful and probably using good
24 judgment. In Mr. Bates' case, the idea of setting up

1 this sort of very distorted, disturbed early warning
2 sign that he got from a movie, that that -- that
3 signals a disturbed mind.

4 Not that somebody would lock their doors or set up
5 a burglar alarm. That -- that's not the point. The
6 point is the length at which he would go to do that
7 and the means by which he chose to do it.

8 Q You're saying that turning a burglar alarm on in
9 your house is different than putting a stick up
10 against a door that would fall down and accomplish the
11 same purpose; is that correct?

12 A I -- I think that there -- I think that they're
13 different, yes. I mean, from Mr. Bates' point of
14 view, they're different. Again, don't forget, he's --
15 he's -- you know, why he putting the stick up? Why is
16 he -- why is he setting up the staircase that way? He
17 has this fear, this concern that he is being killed.
18 He is dying; that someone is trying to kill him. So,
19 he's setting up all these very primitive, very -- very
20 irrational sort of ways to protect himself.

21 Q Well, didn't you indicate that your opinion was that
22 he was putting up this early warning detection system
23 to find out if someone was entering the house? His
24 apartment, right?

1 A Yes. Yes.

2 Q Okay. That's the same as turning a burglar alarm
3 on?

4 A Well, no, it's different.

5 Q So, it's different?

6 A It's different. I mean, it's different because --

7 Q One you're paranoid; one you're not?

8 A Yeah, because it's different because we are talking
9 about Mr. Bates. We're talking about his -- his way
10 of viewing the world. I mean --

11 Q The person that you're being paid to testify for,
12 right?

13 A Being paid to testify for? I'm being --

14 MR. ROBINSON: I'm going to object to that,
15 Your Honor.

16 THE COURT: Sustained.

17 Q And you reviewed a series of records, of hospital
18 records as well as psychiatric evaluations of Mr.
19 Bates; is that correct?

20 A Yes.

21 Q And you're aware that at least two other doctors
22 opined in connection with this case that there was no
23 gross psychosis present with respect to -- as a result
24 of their interview with Mr. Bates?

1 A Yes, that was their opinion. I do recall that.

2 Q Would you agree that in your review of all of the
3 Defendant's records in preparing to testify today --
4 as part of that, you reviewed prior criminal conduct,
5 if you will?

6 A Yes.

7 Q And it was quite extensive; is that fair to say?

8 A Extensive? He's been arrested a number of times
9 here locally in the past.

10 Q And would you characterize -- you said that he had
11 uncontrolled emotions; is that correct?

12 A Yes.

13 Q Would you characterize the behavior exhibited in
14 that -- those records that you reviewed as assaultive
15 type of behavior?

16 A He has been charged a number of times with assaults.
17 Assault and batteries.

18 Q And would you agree that he has a propensity for
19 violence?

20 A Propensity? You would have to define propensity.
21 Let me put it this way: He has been arrested a number
22 of times in the past for assaults.

23 Q Well, I'm talking about in your evaluation and
24 review of the records that you have had?

1 A I'm not sure I understand your question.

2 THE COURT: Let me just clarify one thing. So
3 that you know the legal definitions, there's assault
4 and there is assault and battery. An assault is a
5 threat to commit a battery. The assault and battery
6 is the actual touching. The assault is not a
7 touching. All right.

8 MR. TRUDEAU: Thank you.

9 Q You indicated as -- I believe as part of your Direct
10 Examination that he became very agitated or easily
11 agitated?

12 A He is easily agitated. That's right.

13 Q In addition to your observations of him, in your
14 review of his records in preparation of this, would
15 you agree with me that he has a propensity for violent
16 activity?

17 A Again, you would have to define, what is a
18 propensity?

19 THE COURT: I would just say rephrase your
20 question striking out violence. Just go ahead.

21 Q Does he get angry easily?

22 A Yes.

23 Q And as a result of that anger, does -- in your
24 review of the records, is it your opinion that he acts

1 out on that anger?

2 A Yes.

3 Q And he acts out on that anger towards others; is
4 that correct?

5 A Yes.

6 Q And in particular police officers?

7 A He has had a number of -- yes. Yes.

8 Q In your review of the records in preparation for
9 this, did the name Lieutenant Mitchell come up?

10 A Yes, it came up from Mr. Bates. Mr. Bates brought
11 him up, yes.

12 Q And what significance, if any, did you find in that
13 part of your evaluation?

14 A Well, actually it has great significance. We'll
15 take Lieutenant Mitchell, for instance. On the
16 morning of November 30th, 2001, it wasn't the first
17 time these two men had met. I mean, they both knew
18 each other.

19 Q Right.

20 A There is a history, if you will.

21 Q And he told you that? That there was a history?

22 A He told me that.

23 Q And he told you that he clearly knew Lieutenant
24 Mitchell?

1 A He knew Lieutenant Mitchell, yes.

2 Q For a number of years?

3 A Yes.

4 Q Now, you indicated that you performed a series of
5 tests or a test that you talked about that you
6 administered to the Defendant?

7 A Not a series. I did administer one test.

8 Q One test?

9 A Okay.

10 Q If you could, tell me a little bit about that test?

11 A Sure. It's a -- it's a personality test. It's a
12 standard test in the field of psychology. It's called
13 the Minnesota Multiphasic Personality inventory,
14 Version II. Sometimes referred to as the MMPI. It's
15 about a 540 item, true and false, objective true and
16 false personality test that basically measures two
17 things: It measures a person's self-report about
18 various symptoms of mental disorder, their self-report
19 about symptoms of mental disorder.

20 And it also provides a profile, if you will, of
21 their personality, a description of their personality.
22 And it's compared -- that the pattern of answers are
23 compared to a normative sample of adults.

24 Q Okay. And you administered that test to this

1 Defendant?

2 A Yes, I did.

3 Q And what were the results of that?

4 A Well, simply put, the results were invalid. The
5 test results were invalid. That's --

6 Q Okay. What does that mean?

7 A Okay. Well, the one thing it doesn't mean is -- he
8 answered the test reliably. That is, that for the
9 similar items or for same items, he answered in the
10 same way. So, he wasn't like he did it haphazardly or
11 randomly or did it like he didn't care. So, it was
12 reliable. It was consistent.

13 He -- he -- it was invalid because he endorsed
14 symptoms of mental illness way beyond what the
15 normative sample endorses. So, basically the test
16 profile is of limited usefulness because he basically
17 endorses all symptoms. All symptoms.

18 You know, any question that has a symptom in it,
19 he would endorse it. I have that. I have that. So,
20 the results of it are -- are -- would need to be
21 interpreted with great caution.

22 Q And you have -- in your report, you indicated that
23 there were a couple of interpretations for --

24 A Yes.

1 Q -- this over self-reporting, if you will?

2 A Yes. That's a good way of putting it, yes.

3 Q And one of those is that it was a deliberate act?

4 A It could.

5 Q Is that correct?

6 A It could be that.

7 Q And what do you mean by that?

8 A Well, some patients who over-report are doing that
9 because they want to appear mentally ill, and they're
10 malingerer or faking a mental illness. That's why
11 some people might endorse every symptom. So, it can
12 be a deliberate attempt to make yourself appear to the
13 psychologist that you're sicker, if you will, than you
14 actually are.

15 Q Okay. That's clearly a possibility here?

16 A That's a possibility here, yes.

17 Q And you indicated that there's -- in your report,
18 you suggested yet another explanation for this --

19 A Yes, I did.

20 Q -- result? What was that?

21 A The other -- if I recall -- if I recall accurately
22 was that Mr. Bates is in such distress, he's so
23 stressed out, if you will -- you know, emotionally at
24 wits end about everything that -- that as part of

1 that, he just -- he just sort of as a cry for help
2 maybe or as a way to sort of validate his experience,
3 he endorses all of these symptoms.

4 And it's really a function of -- or the cause of
5 that is that he's just so -- so stressed out that he
6 just -- you know, he endorses all these various
7 symptoms.

8 Q Okay. And are you familiar with a SURS test? SARS
9 test?

10 A Yeah. I'm familiar with it, yes.

11 Q What is that?

12 A Well, simply it's a test of malingering, a test
13 of -- of faking mental disorders.

14 Q Did you do that?

15 A No.

16 Q And you could have done that; is that right?

17 A I could have. It's not a very well -- it's not a
18 very well researched -- it's not a commonly used test.
19 It's not a very well researched test.

20 Q Well, in particular, wouldn't that show as to which
21 of those hypotheses in that test that you said was
22 invalid -- wouldn't that tend to lend strength to one
23 of the two of those explanations?

24 A Listen. I mean, you don't need the SURS to tell

1 whether or not -- you don't need the SURS or the MMPI
2 quite frankly to determine whether or not Mr. Bates is
3 mentally ill.

4 Q No, sir, just answer my question. Wouldn't that
5 have helped you?

6 A It may have. It might have. It's unclear to me.

7 Q But nevertheless, it was available and you chose not
8 to do it?

9 A It was available. Many tests are available. I
10 chose not to use it.

11 Q And what is -- you said malingering. What is that?
12 What is that phenomena?

13 A Simply faking. Faking the symptoms of a mental
14 disorder or faking the symptoms of any physical
15 disorders for that matter.

16 Q And that, I'm sure, you come in contact with quite
17 commonly in your area?

18 A It -- it's got to be addressed in every case. It's
19 something you need to sort of address in each case
20 that you do.

21 Q And that was clearly an issue with respect to this
22 testing you conducted?

23 A Well, it was one of the hypotheses, if you will --
24 it was one of the possibilities that I had to think

1 about given that the MMPI result. You know, could
2 this be that he was just faking.

3 Q And in addition to the other tests that you did, in
4 your report you indicated that you spoke to him about
5 the incident, itself; is that correct?

6 A Yes.

7 Q And in his statement to you, did -- do you remember
8 you testified that he picked up the hockey stick and
9 swung it at what was coming through the door; is that
10 right?

11 A That's what he says.

12 Q Now, in your interviews, you said there were two; is
13 that right?

14 A Yes.

15 Q And in your interviews with the Defendant, did you
16 experience him to be responsive to your questions?

17 A Yes.

18 Q And, in fact, he relayed very accurate details of
19 various events that had occurred over the years, some
20 going back quite some time?

21 A Not -- just to be clear, accurate in his mind, but
22 very detailed and accurate from his point of view.
23 Whether they were accurate in reality, I don't know.

24 Q And they could very well have been based in part on

1 reality; is that right?

2 A Could have.

3 Q And with respect to mental illness, you would agree
4 with me that there are varying degrees of mental
5 illness; is that right?

6 A Yes.

7 Q And someone could very clearly be able to conform
8 their acts to the requirements of the law and
9 understand right from wrong and still have some sort
10 of mental illness; is that right?

11 A I would -- I would submit that most mentally ill
12 persons can do those things. It's only a very small
13 fraction of the mentally ill that cannot.

14 Q And would you agree with me that it's very difficult
15 to make a determination as to the level of mental
16 illness?

17 A I'm not sure I understand. Is it difficult to make
18 a determination about the severity of the mental
19 illness, or make a determination about the
20 relationship between mental illness and their ability
21 to understand their behavior? I mean, I'm --

22 Q The severity of the mental illness?

23 A I think that that's -- that's a less complicated
24 task than others. I think determining the severity of

1 someone's mental disorder is something that can be
2 done with a -- a reasonable degree of confidence.

3 Q Do you consider the Defendant a risk to others?

4 A Yes.

5 Q And do you consider him a danger to others?

6 A Yes.

7 MR. TRUDEAU: Thank you. I have nothing
8 further.

9 REDIRECT EXAMINATION

10 BY MR. ROBINSON:

11 Q Doctor, with regard to what Mr. Trudeau asked you
12 about, two other opinions unspecified that said that
13 there was not a paranoid schizophrenia, were there
14 also opinions that you read from the past that said
15 there was? An opinion that --

16 A Yes, there -- there were records from Community
17 Mental Health Center where he had been sent to be
18 hospitalized in, I believe, the late '80's that said
19 that he was paranoid schizophrenic. I also might add
20 interestingly enough there is notes in those records.

21 These records are 15 years before the event.
22 Thirteen years, excuse me -- 13 or 14 years before the
23 arrest where a social worker says he is paranoid of
24 the police.

1 So, I mean, this idea about being paranoid about,
2 you know, his mother or the police isn't something
3 that just cropped up in November. He has had these
4 ideas for 13 or 14 years; and a social worker 13 or 14
5 years ago wrote that. So, I found that to be highly
6 significant.

7 Q And you were also just asked -- you started to talk
8 about whether he had mentioned or talked about
9 Lieutenant Mitchell --

10 A Yes.

11 Q -- with you?

12 A Yes.

13 Q How would you characterize the way that Mr. Bates
14 described his relationship to Lieutenant Mitchell?

15 A Again, I interpret it as all delusional. These
16 delusional ideas -- he claims that he and Lieutenant
17 Mitchell go way back into the middle '80's. That Mr.
18 Bates was part of a drug sting operation working with
19 the government. Paranoid ideas. Working with the
20 government to uncover marijuana abuse on the Cape.
21 And that as part of that, had some dealings with
22 Lieutenant Mitchell and other members of the Harwich
23 police department; and that they arrested him on some
24 phony, bogus charges.

1 And that since then, they have been involved in
2 this -- this conspiracy of surveilling him, following
3 him, monitoring him and generally harassing him. And
4 again, it all stems from when he was an adolescent --
5 or an adult, a young adult actually, being involved in
6 this government drug sting that he thinks he was
7 involved in as an undercover double agent of some
8 sort.

9 Q And in that context, did he indicate that Lieutenant
10 Mitchell with another officer had actually physically
11 harmed him on an occasion?

12 A He -- he claims that, yes. I do remember him saying
13 that during the process of arrest that they harmed
14 him.

15 Q That Officer Mitchell held him while another officer
16 was hitting him?

17 A I'm sorry. I don't -- if that's in my report, I can
18 go back and look at it, but I don't recall that.

19 Q Is your memory exhausted on that?

20 A Yes.

21 Q Do you have the number of pages?

22 A I have my report here.

23 Q I would ask you to look at Page 12.

24 A Page 12? What paragraph?

1 Q At the top paragraph. Assuming you're looking at
2 the same Page 12. Twelve is by the record evaluation?

3 A Yes. Yes, I'm sorry. I do -- I do see it now.

4 That the sentence as I wrote it, There is -- he claims
5 that Police Officer Blais held him while -- police
6 officer hit him, excuse me -- Police Officer Blais hit
7 him while Police Officer Mitchell held him. That's
8 what he claims.

9 Q If you go back to the bottom of Page 11, is your
10 memory exhausted as to what year he said that
11 occurred?

12 A I don't recall.

13 Q Would it help if you looked at --

14 A Yes.

15 Q -- Page 11?

16 A Yeah, okay. He said that happened in 1979.

17 Q Now, when he was talking -- at some point, you
18 discussed with him the fact that he had been evaluated
19 following his being shot at Bridgewater State Hospital
20 for a period of time, correct?

21 A Well, he was evaluated first at the hospital by a
22 court psychologist; and then he went to Bridgewater to
23 be evaluated, yes.

24 Q And one of the doctors that did not make a finding

1 that he was paranoid schizophrenic was a Packer?

2 A Yes.

3 Q And did he describe for you in the course of your
4 conversations what his experience was like at
5 Bridgewater State Hospital? Did he make any reference
6 to that evaluation or interview?

7 A Yeah. Yeah, he -- he was at Bridgewater for 40 days
8 and believed that the -- he believed that Bridgewater,
9 the hospital, was involved with the government to
10 extort a confession from him and were doing things
11 like not giving him his pain medication, not changing
12 his bed linens or -- or other ways of tending to him
13 medically as a way to torture him, to -- to get him to
14 confess to the crime.

15 And he believed quote unquote to me that Doctor
16 Packer was a government agent. So, he wasn't going to
17 talk to Doctor Packer at all. He was going to be very
18 cautious and careful because he actually had paranoid
19 ideas about Doctor Packer and about the whole
20 Bridgewater system.

21 Q Of course, at that time, he was still recovering
22 from the surgery and actually was wearing diapers?

23 A Yes, he was wearing diapers.

24 Q He was complaining that they were withholding clean

1 diapers from him?

2 A Yes. Yes.

3 Q And just last, on those tests, when you used the
4 words that he checked off a lot of symptoms, not
5 knowing what that test exactly says, were some of
6 those symptoms the type of symptoms you would check
7 off like confused or --

8 A Yes.

9 Q -- things that might -- that he had also discussed
10 with you in the context of toxic fumes?

11 A Yeah.

12 Q And prior brain damage and that kind of thing?

13 A Out of the 500 or so items -- I mean, I can't tell
14 you how many there are, but a number of them -- a
15 number of them have to do with paranoid ideas.
16 There's somebody trying to kill you. There is
17 somebody trying to harm you. You're being followed.
18 You're being watched. People are trying to poison
19 your food. So, there is a lot paranoid ideas; and he
20 was, you know, basically checking all those -- all
21 those out.

22 MR. ROBINSON: Thank you, Doctor.

23 MR. TRUDEAU: Just one thing.

24

RECROSS-EXAMINATION

BY MR. TRUDEAU:

Q You testified that based on your review of the notes and the reports that you found that it was -- that he was paranoid about police; is that --

A Well, that's what the -- that's what the report says. That's what's said in black and white.

Q And wouldn't you agree with me that that's consistent with an individual who has had lengthy involvement with police?

A Well, not necessarily. I mean, because it could be somebody who has a long criminal record, has a lot of tangles, has an antisocial character, you know, a bad guy, they might be suspicious of the police. They might hate the police.

But when you use the word paranoid -- when a clinician -- this isn't like a lay person. When a clinician uses the word paranoid, that to me says that that person has a delusion or that that's a symptom about their ideas about the police. And I would --

Q And part of that is -- a concern or suspicion is part of the paranoia; is that right?

A That they're suspicious of the police. Oh, yeah. They're paranoid about them, yeah.

1 MR. TRUDEAU: Thank you. I have nothing else.

2 MR. ROBINSON: Thank you.

3 THE COURT: Thank you, Doctor.

4 THE WITNESS: Thank you, Your Honor.

5 MR. ROBINSON: The defense would rest at this
6 time. Could we approach side bar just on one of the
7 exhibits?

8 THE COURT: We're going to take short break
9 anyway. We're going to take a 15 minute break now.
10 And it may be a relatively short morning. So, we'll
11 come back in 15 minutes. Leave your notebooks on your
12 chairs.

13 (Jury out 10:34 a.m.)

14 MR. ROBINSON: I just wanted to address -- I
15 thought we wanted to address the Cape Cod medical
16 record issue as to how --

17 THE COURT: Can you agree on it?

18 MR. TRUDEAU: I think we would be able to agree
19 on it. It would just take a few minutes to sit down
20 and go over the --

21 MR. ROBINSON: There may be -- I don't know --
22 if I might just have one second? Because I think
23 there might be one point we may not agree on.

24 (Conversation off the record.)

C

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MASSACHUSETTS

* * * * *
GLENN BATES,
Plaintiff

VS.

TOWN OF HARWICH and HARWICH
POLICE DEPARTMENT, CHRISTOPHER
KENDER and BARRY MITCHELL,
Defendants
* * * * *

CIVIL ACTION
NO. 0510489-MEL

DEPOSITION OF GLENN BATES, called by the
Defendants, pursuant to the applicable provisions of the
Federal Rules of Civil Procedure, before Ruth E. Hulke,
Certified Shorthand Reporter No. 114893 and Notary Public
for the Commonwealth of Massachusetts, at the Federal
Court House, Boston, Massachusetts, on Thursday, February
9, 2006, commencing at 10:45 a.m.

Leavitt Reporting, Inc.

1207 Commercial Street, Rear
Weymouth, MA 02189

Tel. 781-335-6791
Fax: 781-335-7911
leavittreporting@att.net

1 1? Maybe they didn't know. And they said, well, maybe
2 we think it's Number 2 and not Number 1. I really don't
3 know.

4 Q. Just to explore a couple of terms that people
5 are familiar with in the mental health area. Do you
6 know, has anyone ever suggested you were bipolar?

7 A. No.

8 Q. Schizophrenic?

9 A. Has anyone? A lot of people have suggested.

10 Q. A doctor.

11 A. Oh, a doctor. I can't remember -- The doctor
12 didn't tell me exactly what the Axis 1 or 2 or 3.
13 There's like five of them.

14 Q. So you have no memory of a word description or
15 diagnosis of your mental condition. Correct?

16 A. Right.

17 Q. Have you ever been to McLean Hospital?

18 A. No.

19 Q. Have you ever been prescribed medications for
20 your emotional state or your mental condition?

21 A. Yes.

22 Q. Which drug or drugs were those, sir?

23 A. Well, one was called Risperdal.

1 Q. Could you spell it for us?

2 A. No. It's two different spellings. One is
3 Risperdal and Risperidal. One is the brand name and one
4 is name on the bottle, I guess.

5 Q. What do you understand the purpose of that drug
6 to be?

7 A. Clear thinking.

8 Q. During what period were you prescribed that
9 drug?

10 A. August 4th, 2003 to June, 2005. 2005.

11 Q. Who prescribed that drug to you, Mr. Bates?

12 A. There was one doctor at the hospital. There's
13 another doctor at the clinic.

14 Q. What hospital and what clinic are you referring
15 to?

16 A. Taunton Hospital, but I don't know the name of
17 the doctor. I can't remember the name of the doctor.

18 Q. Was the clinic part of Taunton Hospital?

19 A. There wasn't a clinic you went to. It's a
20 place you get sent. They don't put you in jail. If
21 you're not bad, they send you there.

22 Q. Were you prescribed this drug as a condition of
23 probation in any way?

D

Uniform Form DCD-53

District Court Department of The Trial Court

Orleans Division

No. 0126 MH 51

IN THE MATTER OF GLENN BATES

WARRANT OF APPREHENSION

To any person in the Commonwealth qualified to serve Criminal Process:

Whereas application has been filed in this court by his mother, Priscilla Hughes, on 11/30/01
(name) (date)

for the commitment to a facility of the Department of Mental Health of GLENN BATES
(name)

and, after a hearing, it has been decided that there are grounds for having said person examined by a qualified physician:

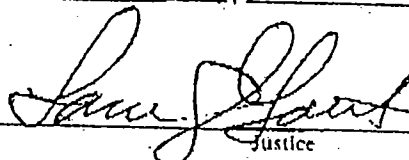
YOU ARE ORDERED forthwith to apprehend and bring before the Orleans division of
the District Court Department, at Orleans, the body of said person so that he may be ex-
(location)
amined by a qualified physician. And you are further ordered that when said person is apprehended, if the court is not in session
you are to convey him to the police station in the town where apprehended and safely keep him there until the next session of
the court.

WITNESS my hand and seal at Orleans Nov. 30, 2001 xxx

DOB: 3/4/61

621 Main St., Harwichport
Either in Main House or upstairs back apartment
(check to see if his red bike is there; he has no car)

6'2" (very strong) 180 lbs. Brown hair Blue eyes



Hon. Lance J. Garth
Justice

Original to Clerk-Magistrate
Copies to Officer and to Respondent



EXHIBIT

BATES

REV 2-9-06

ORLEANS DISTRICT COURT

APPLICATION FOR WARRANT OF APPREHENSION/SUMMONS

PERSON REQUESTING WARRANT (Please print):

YOUR NAME PRISCILLA J HUGHESTEL. 432-6389ADDRESS: 621 Rt 28TOWN: HARWICHPORTZIP: 02646

YOUR RELATIONSHIP TO SUBJECT:

MOTHERSUBJECT'S NAME: GLENN BATES

TEL. _____

ADDRESS: 621 Rt 28BIRTH DATE: 3-4-61MALE: ☒

FEMALE: _____

HIS/HER CURRENT WHEREABOUTS: Address Above

WHO ELSE LIVES WITH THE SUBJECT:

NAME	RELATIONSHIP	AGE
PRISCILLA HUGHES	SON	40

PRESENT RISK OF HARM TO HIMSELF/HERSELF or OTHERS:

HE CAN BE SO VIOLENT THAT I WOULDN'T PUT ANYTHING
AGAINST WHAT HE MIGHT DO TO HIMSELF, or ME or
ANYONE THAT WOULD GET IN HIS WAY

SUBJECT'S PRESENT STATE OF MIND: (COHERENT, VIOLENT, DEPRESSED, SUICIDAL, THREATENING, ETC.):

DESCRIBE IMMEDIATE PROBLEM: (AND ITS PAST HISTORY, GIVING SPECIFIC FACTS & DATES - USE BOTH SIDES OF THIS PAGE, IF NECESSARY:

Threatening to hurt police if I ever called them about him
 HE HAD A VIOLENT RAGE ATTACK Sept 19th. I told him if it
 ever happened again I would have to have him hauled o
 of my house and he could never come back. It happen
 happened again on THANKS giving DAY with threatening phone
 calls to his sisters in CAL & then at home by himself acting
 violently screaming, swearing, yelling, loud music, ranting
 and taking up at HAM my TENANT hearing all this and
 being petrified, upset, AFRAID to live there & she HAS BEEN
 there 5 years and always felt safe, secure and will have
 to leave. I cannot let him threaten to put my life, health,
 security, financial ability, peace of mind, terrorising my TENANT
 and who all in the name of a mother who's loves him and

TWO years ago to HAVE someone who CARES to try help him to NO AVAIL. He is delusional, depressed, hears NOISES, TALKS AND YELLS AT HIMSELF, possibly schizophrenic, ANXIETY ridden. HE HATES EVERYONE SO MUCH NO ITS BECAUSE HE IS SO SICK HE CAN'T HELP. I TRIED FOR YEARS TO GET HELP AND HE REFUSED -

I let him into my life AGAIN Thinking I could help - I CAN'T
GO BACK TO MY HOUSE UNTIL HE IS GONE. HE NEEDS to be committed to a ~~the~~ Facility for a period of months & SENT to be TAKEN care of AS HE IS UNABLE to get proper care of himself
 TAKE

I hope he will go to a place where people CARE and he will realize he needs medication for healing
 HE CANNOT come back to my house

SUBJECT'S DRUG and/or ALCOHOL HISTORY:

Marijuana

IS THE SUBJECT PRESENTLY UNDER THE INFLUENCE OF DRUGS OR ALCOHOL?
RECENT DRUG/ALCOHOL USE: marijuana = He said it's the only
way he can get rid of pain

SUBJECT'S PREVIOUS HOSPITALIZATIONS FOR PSYCHIATRIC OR SUBSTANCE ABUSE
PROBLEMS (LIST SPECIFIC PLACES & APPROXIMATE DATES, IF KNOWN):

None that I know of. He doesn't trust anyone and
won't let me help

IS THE SUBJECT ON ANY PRESCRIBED MEDICATIONS? IF SO, PLEASE LIST:

No

IS THE SUBJECT UNDER THE CARE OF A PROFESSIONAL FOR ANY PROBLEM?
IF YES, INDICATE THEIR NAME, ADDRESS & PHONE NUMBER, IF POSSIBLE:

No

RELEVANT PAST HISTORY OF SUICIDAL OR THREATENING BEHAVIOR:

Years ago threatened to jump off Sagamore Bridge

SIGNIFICANT MEDICAL PROBLEMS?

PLEASE STATE THEM:

Significant pain
Brain injuries
Car accidents

DOES SUBJECT HAVE ANY MEDICAL INSURANCE? YES ☒ NO ☐ UNSURE OF THIS ☐
IF YES, PLEASE SPECIFY NAME OF PLAN AND NUMBER, IF AVAILABLE:

Medicaid, SS disability

SIGNED: Russell Hughes

DATE: Nov 30, 2001

**APPLICATION FOR FOUR-DAY
COMMITMENT FOR MENTAL ILLNESS**
UNDER G.L. c. 123, § 12(e)

Docket Number
(To be added by court)

0126 MH 51

Trial Court of Massachusetts
District Court Department

Orleans District Court

IN THE MATTER OF GLENN BATES
Name of Respondent

Date
Nov. 30, 2001

**APPLICATION FOR FOUR-DAY COMMITMENT
FOR MENTAL ILLNESS**

G.L. c. 123, § 12(e)

I, Priscilla Hughes (mother), hereby apply to this court for an order to commit
(Name of Applicant)

my son, Glenn Bates, age 40, ☒ male ☐ female, to a mental health
(Name of Respondent)

facility for a maximum of four days because he (she) is a mentally ill person and the failure to confine
(her) would cause a likelihood of serious harm.

Date: November 30, 2001

Priscilla J. Hughes
Signature of Applicant

Mother

(Applicant's relationship, if any, to alleged mentally ill person)

Note 1: Regarding court action upon receipt of this application, G.L. c. 123, § 12(e) provides, in pertinent part, as follows:

After hearing such evidence as he may consider sufficient, a district court justice may issue a warrant for the apprehension and appearance before him of the alleged mentally ill person. If in his judgment the condition or conduct of such person makes such action necessary or proper. Following apprehension, the court shall have the person examined by a physician designated to have the authority to admit to a facility or examined by a qualified psychologist in accordance with the regulations of the department. If said physician or qualified psychologist reports that the failure to hospitalize the person would create a likelihood of serious harm by reason of mental illness, the court may order the person committed to a facility for a period not to exceed four days; but the superintendent may discharge him at any time within the four-day period.

Note 2: Pursuant to G.L. c. 123, § 12(e), the four-day maximum commitment period must be computed under Rule 6, Civ. P. 6, which, without including the day the application was filed or any intervening Saturday, Sunday or legal holiday. If the fourth day is a Saturday, Sunday or legal holiday, such day is not to be counted, and the fourth day is to be the next day that is not a Saturday, Sunday or legal holiday.

Original to Clerk-Magistrate
Copies to Petitioner and Respondent